

In order of birth stated.

# ARIZONA STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 158  
Registered No. 52

### 1. PLACE OF BIRTH

County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Rayden No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. Full name of child William George Rosenbaum (If birth occurred in a hospital or institution, give its NAME instead of street and number)  
If child is not yet named, make supplemental report, as directed

3. Sex Male 4. Twin, triplet, or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. ~~Premature~~ Full term 7. Legitimacy Legitimate 8. Date of birth June 8, 1930 (Month, day, year)

9. Full name of FATHER William George Rosenbaum 18. Full maiden name of MOTHER Della Warren

10. Residence (usual place of abode) Rayden 19. Residence (usual place of abode) Rayden  
(If nonresident, give place and State)

11. Color of race White 12. Age at last birthday 40 (Years) 20. Color of race White 21. Age at last birthday 40 (Years)

13. Birthplace (city or place) Cambridge 22. Birthplace (city or place) St. Louis  
(State or country) Mo. (State or country) Mo.

14. Trade, profession, or particular kind of work done, as Millman 23. Trade, profession, or particular kind of work done, as Housewife  
sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as Copper Mill 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work June 10, 1930 17. Total time (years) last engaged in this work 10 years 6-8 25. Date (month and year) last engaged in this work June 10, 1930 26. Total time (years) spent in this work 10

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 9 months or weeks 29. Cause of stillbirth Before labor During labor

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was 3-15 on the date above stated  
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Charles B. Hueth, M.D.

or \_\_\_\_\_, Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Hayden Ave

Filed June 11, 1930 W. B. Nash Registrar.

6094-608-465